



Announcing: US Treasury Mandates Direct Deposit for Social Security Benefits - Sign Up Now

U.S. Treasury will no longer send paper checks. U.S. Dollar Account Direct Deposit is available to people who receive U.S. federal pension benefits (SSA, VA, OPM) in **Croatia**.

Within 30 days from receiving this letter, please provide your bank information for direct deposit of your check. Your payment will be in your bank within 1 business day of the date due! You do not have to visit your bank to deposit your check. You do not have to worry about a check being stolen, delayed in the mail, or delivered while you are away from home. Your money is already in your account. There are two options for direct deposit in Croatia:

- **U.S. Dollar Account Direct Deposit** in Croatia with ***Zagrebačka banka, d.d.*** is available to people who receive U.S. federal pension benefits. Please visit your local branch and request to have your payment directly deposited into a Social Security U.S. Dollar Account by completing form 1199A. Bring a picture Identity Document and **Social Security number or card** to the bank (your ID card or your Passport.)

OR

- **Any bank account in a bank in the U.S.** Send us the type of the account (Savings or Checking), the Routing Transit Number of the bank and your bank account. If you have a Checking account, send us a copy of a blank check from your check book.

If you have **other** changes to report, remember to notify the U.S. Embassy at ZagrebACS@state.gov. Be sure to include your claim number and your full name, your telephone number, your address and/or your email address when you report any change.

American Embassy Zagreb Thomas Jefferson 2 10010 Zagreb Telephone: 01-661-2272 Fax Number: 01-665-8933
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If you have questions about your Social Security check, contact the Federal Benefits Unit ~ Most questions can be answered by email to Ourania.Dedegika@ssa.gov or by phone: 210-720-2426 M, W, or F. 8:30am – 12:30pm. If you contact us, please include your full claim number.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)	D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ADDRESS (street, route, P.O. Box, APO/FPO)	E DEPOSITOR ACCOUNT NUMBER 3 8 5 0 0 0 0
CITY STATE ZIP CODE	F TYPE OF PAYMENT (check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other: _____ (specify)
B NAME OF PERSON(S) ENTITLED TO PAYMENT	G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE N/A AMOUNT
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix	JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.	
SIGNATURE DATE	SIGNATURE DATE
SIGNATURE N/A DATE N/A	SIGNATURE N/A DATE N/A

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION Zagrebacka Banka THROUGH BNY Mellon BNY Mellon, Suite 154-1260, Mellon Client Service Center, 500 Ross Street, Pittsburgh, PA 15262-0001 ATTN. ACH DEPARTMENT	ROUTING NUMBER 0 2 1 0 0 0 0 1 CHECK DIGIT 8 DEPOSIT ACCOUNT TITLE
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FINANCIAL INSTITUTION CERTIFICATION

I confirm the identify of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE NAME	SIGNATURE OR REPRESENTATIVE	TELEPHONE NUMBER	DATE
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Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.